

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Liggett</i>	DATE <i>2-7-14</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000272</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Keck, Pot, Deps, CMS file</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 31, 2014

Anthony E. Keck, Director
South Carolina Department of Health and Human Services
1801 Main Street
Columbia, South Carolina 29201

RECEIVED

FEB 06 2014

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: 372 Acceptances

Dear Mr. Keck:

We have completed our review of your CMS 372 annual reports for the Home and Community-Based Services (HCBS) Waiver listed below. Based on our analysis of the expenditure and recipient data submitted in these reports, we find the data acceptable, subject to any future data validation reviews. A comparison of actual data reported to the most recent CMS approved estimates indicates the estimated costs without the waiver were not exceeded.

- **SC 0456 – Pervasive Developmental Disorder Waiver**
(Waiver Year 2 – 01/01/11 - 12/31/11)
(Waiver Year 3 – 01/01/12 – 12/31/12)

If you have any questions, please contact Kenni Howard at 404-562-7413.

Sincerely,

A handwritten signature in cursive script that reads "Jackie Glaze".

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Michele MacKenzie, CMS/CO